

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90170 037 ***150.00

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1. Entity Name
LOT TRUCKING SERVICES, INC.



Principal Place of Business
**P.O. BOX 220144
GLENWOOD, FL 32722**

Mailing Address
**P.O. BOX 220144
GLENWOOD, FL 32722**

DO NOT WRITE IN THIS SPACE



04232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3628873

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIERSCINSKI, IRENA
2110 LEMON STREET
GLENWOOD, FL 32722**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PIERSCINSKI, JERZY
STREET ADDRESS	2110 LEMON ST.
CITY-ST-ZIP	GLENWOOD, FL 32722
TITLE	VP
NAME	PIERSCINSKI, IRENA
STREET ADDRESS	2110 LEMON ST.
CITY-ST-ZIP	GLENWOOD, FL 32722
TITLE	S
NAME	PIERSCINSKI, PATRICK A
STREET ADDRESS	130 JASMINE WOODS COURT, APT 13D
CITY-ST-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Irena Pierscinski* **Irena Pierscinski**

04/25/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #